

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035204

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 183

FILED OCT 15 1962

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		Length of stay in 1b 5 yrs	c. CITY OR TOWN Webb City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 701 S. Hall St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 701 S. Hall St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First R Middle M Last Patrick		4. DATE OF DEATH Month October Day 12 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-21-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 74 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Scotland, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Wallace J. Patrick		13b. MOTHER'S MAIDEN NAME Molly Scott	
14. NAME OF HUSBAND OR WIFE Virgie May Patrick		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Address 701 S. Hall Webb City Mrs. Virgie May Patrick	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 2 years.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 9:15 A a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan. 8, 1958 to Sept. 4, 1962 and last saw him alive on Sept. 4, 1962 Death occurred at 9:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE John Johnston-Simpson (Degree or title) M.D.	
22b. ADDRESS Medical Arts Bldg. Joplin Mo.		22c. DATE SIGNED 10-12-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-15-62	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Cem.	23d. LOCATION (City, town, or county) (State) Joplin, Mo.
24. FUNERAL DIRECTOR Johnston-Simpson, Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 10-12-62	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack C. Simpson
Licensed Embalmer No. 4647

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.